

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-045172
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3394

FILED DEC 3 1962

VS 300
Rev. 4/59

1 4031

2 4000

3 2

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9 7928

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12 43-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in lb 4 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) 8211 Jackson St.	
3. NAME OF DECEASED (Type or print) First Gustav Middle Ewald Last Burkholtz		4. DATE OF DEATH Month Nov. Day 20, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-3-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Official		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	
11a. FATHER'S NAME Adolph Herman Burkholtz		11b. MOTHER'S MAIDEN NAME Sophia Brodthuhn	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. [REDACTED]	
13a. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) _____		13b. NAME OF HUSBAND OR WIFE Bertha A. Burkholtz	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m.	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19. CITY, TOWN, OR LOCATION COUNTY STATE	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22. CITY, TOWN, OR LOCATION COUNTY STATE	
23. I attended the deceased from 9-8-62 to 11-20-62 and last saw her alive on 11-20-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		24. SIGNATURE (In free or title) John P. Burkholder D.O.	
25. ADDRESS 2335 Brown Poul		26. DATE SIGNED 11-20-62	
27. BURIAL, CREMATION, REMOVAL (Specify) Removal	28. DATE 11-22-62	29. NAME OF CEMETERY OR CREMATORY East Lawn	30. LOCATION (City, town, or county) (State) Springfield, Mo.
31. FUNERAL DIRECTOR Earl Hilleman		32. ADDRESS Overland 14, Mo.	
33. DATE RECD. BY LOCAL REG. 11-20-62		34. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl H. Hillman

Licensed Embalmer No.

3501

P. O. Address

Orland 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.